



EUROSATORY 2006

United States Embassy Hotel Registration Form

Please complete a separate registration form for each reservation
and return back this form before **MAY 5TH 2006**

Fax completed form to: Hotel Concorde La Fayette
3, Place Général Koenig
Paris, France 75017
Fax : +33 1 40 68 50 87
Tel: +33 1 4068 50 25

Attendee Information:

Last Name:	First Name:
Street Address:	City/State/Zip
Phone/ Fax:	Email Address:

Arrival Date:	Departure Date:	Room Preference: <input type="checkbox"/> Smoking <input type="checkbox"/> Non Smoking	Bed Preference: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin
Special Requests:			

Room Type:

- | | |
|---|-------|
| <input type="checkbox"/> Superior Single | 210 € |
| <input type="checkbox"/> Superior Double | 220 € |
| <input type="checkbox"/> Executive Single | 250 € |
| <input type="checkbox"/> Executive Double | 260 € |
| <input type="checkbox"/> Club La Fayette Single | 300 € |
| <input type="checkbox"/> Club La Fayette Double | 310 € |

Buffet breakfast is included.

Credit Card Information:

Valid Credit information and signature is required to confirm reservation.

- | |
|---|
| <input type="checkbox"/> Visa |
| <input type="checkbox"/> American Express |
| <input type="checkbox"/> Master Card |
| <input type="checkbox"/> Other _____ |

Number (include all digits):	Expiration Date
Name on Card:	Signature on Card:

Form Prepared by:	External Phone:
	Email :

Cancellation Policy

- Every reservation must be guaranteed with a credit card. Without any guaranty from your side, the reservation will be automatically cancelled by the hotel.
- In case of cancellation between June 1st and until arrival; one night will be charged 100% on the above credit card.
- In case of early departure the whole stay will be charged on the above credit card.